

Collection Agency or Out-of-State

SECTION	Collection Agency Surety Bond			
PO BOX 9034 DLYMPIA, WA 98507-9034	☐ Sole Proprietor	☐ Partnership	☐ Corporation	
KNOW ALL PERSONS BY THESE PRESENTS:	ESENTS: That			
doing business as				
-	BUSINESS NAME			
as Principal, at the following address	BUSINESS ADDRESS		and/or	
a corporation organized and existing under the law and authorized to transact surety business in the S OF WASHINGTON in the sum of \$5000 Dollars land of Washington, for which payment well and truly successors and assigns, jointly and severally firm	State of Washington, as Surety, a awful money of the United State: y to be made, we bind ourselve	s of America to be pa	aid to the said State	
THE CONDITION OF THE ABOVE OBLIGATION Collection Agency or Out-of-State Collection Age Washington for carrying on the business of a C Washington; and is required by Chapter 19.16 Resufficient surety, conditioned as required by said	ency license by the Business a collection Agency or Out-of-State CW to furnish a bond in the per	nd Professions Divise Collection Agency	sion of the State of within the State of	
NOW, THEREFORE, If the said principal will comp and with all rules and regulations adopted by the provisions of Chapter 19.16 RCW and will pay all Chapter 19.16 RCW or any rules or regulations ado Agency or Out-of-State Collection Agency then th and effect.	e Director of the Department of amounts that may be adjudged a opted pursuant thereto in the cond	Licensing, of said st against principal by re luct of principal's busi	ate pursuant to the eason of violation of ness as a Collection	
PROVIDED: That any person having a claim again her agent of Chapter 19.16 RCW or any rules or r Superior Court of the County in which the principal may be had.	regulations adopted pursuant the	ereto may bring a suit	t on this bond in the	
PROVIDED FURTHER: That the aggregate liability the penal sum of this bond. PROVIDED FURTHE the cancellation of this bond, along with the reason texpressly provides that it will be effective for one because of expiration, suspension, or revocation comissions of the licensee occurring on, or prior to	R: That the Business and Profer on for cancellation or termination year following the effective date of the license, or otherwise, as to	ssions Divisions shal . No bond filed shall I of its cancellation or to any covered act or a	Il be notified prior to be approved unless ermination, whethe	
N WITNESS WHEREOF, the said principal and the	he said Surety have affixed their	hands and seal this		
day of,,	Effective date	of bond		
	Bond Number			
Signature of Principal		Sure	ty	
X				
SIGNATURE OF APPLICANT/OWNER OR INDIVIDUAL AUTHORI TO SIGN FOR PARTNERSHIP OR CORPORATION		act		

The Department of Licensing has a policy of providing equal access to its services. If you need special accommodation, please call (360)664-1389 or TTY (360)664-8885.

Telephone No. _____

Agency Name _____

(SURETY SEAL)